

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL NO.										
TOTAL DEP.										
TOTAL CLAIMS										
PTO-1320 (3-70)										
							TOTAL IND.			
							TOTAL DEP.			
							TOTAL CLAIMS			

\*MAY BE USED FOR ADDITIONAL CLAIMS ON SUPPLEMENTAL